

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150048		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - REID HOSP & REHAB & OCC - B. WING _____		(X3) DATE SURVEY COMPLETED R 08/05/2011	
NAME OF PROVIDER OR SUPPLIER REID HOSPITAL & HEALTH CARE SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 REID PKWY RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Validation Survey conducted on 03/07/11 thru 03/09/11 was by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 08/05/11</p> <p>Facility Number: 005044 Provider Number: 150048 AIM Number: 100269700A</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist,</p> <p>At this PSR survey, Reid Hospital & Healthcare Services, comprised of the main hospital and attached Outpatient Care Center (OCC), was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), Chapter 18, New Health Care Occupancies for the 2008 building, Chapter 19, Existing Health Care Occupancies for the Reid Hospital Wound Care Center built in 1987, and with Chapter 39, Existing Business Occupancies for the Reid Hospital Rehabilitation Services Facility in Richmond, the Reid Rehab Services Nettle Creek Health Care Center in Hagerstown, and the Reid Sleep Lab & Diagnostic Services Facility in Richmond built in 1987.</p> <p>The main hospital is a seven story fully sprinklered building of Type II (222) construction with a basement, with the attached outpatient</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	<p>Continued From page 1</p> <p>care center, a two story fully sprinklered building of Type II (222) construction with a basement and has a fire alarm system with smoke detection in the corridors, patient rooms and spaces open to the corridors. The facility has a capacity of 237 and had a census of 161 at the time of this survey.</p> <p>The Reid Hospital Wound Care Center is a one story fully sprinklered building of Type II (222) construction and has a fire alarm system with smoke detection in the corridors and spaces open to the corridors.</p> <p>The Reid Hospital Rehabilitation Services Facility is a one story fully sprinklered building. The Reid Rehab Services Nettle Creek Health Care Center, and Reid Sleep Lab & Diagnostic Services Facility are one story nonsprinklered buildings of Type II (222) construction and each facility has a fire alarm system with smoke detection in the corridor.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/08/11.</p>	{K 000}			